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individualized to the client's own needs and interests. The prenatal health education sessions promote behavior changes in the recipient's daily life that will support a healthy pregnancy and result in an improved perinatal outcome.

Prenatal health education will provide information on:

- (1) Description and importance of continued prenatal care
- (2) Normal changes due to pregnancy (specific to trimester):
 - (a) Maternal anatomy and physiology
 - (b) Fetal development
 - (c) Emotional/psychosexual issues
- (3) Comfort measures
- (4) Self-care during pregnancy
- (5) Pregnancy danger/warning signs
- (6) Specific medical conditions
 - (a) Diagnosis and significance during pregnancy
 - (b) Treatment: medications, activity level, options, and rationale
 - (c) Appropriate referrals

Prenatal Health Education I must include information to prepare the client for the birth process when the recipient is near the end of the second trimester or early third trimester.

- (1) Anatomy and physiology of labor and delivery
- (2) Coping skills
- (3) Medical management
- (4) Hospital procedures
- (5) Danger signs
- (6) Communication with health providers

A pregnant woman may contribute toward preventing preterm labor and delivery. An at risk woman must be instructed in order to provide optimal preventive care:

- (1) Symptoms of preterm labor
- (2) Self-detection of preterm labor
- (3) Treatment
- (4) Preventive measures

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Eligible Providers: Prenatal Health Education I services must be performed by a physician, physician assistant, certified nurse-midwife, licensed registered nurse, nurse practitioner, or a health educator with either a baccalaureate level degree in health education or higher and/or SOPHE (Society for Public Health Education) certification.

PRENATAL HEALTH EDUCATION II: LIFESTYLE AND PARENTING SUPPORT

Description: Lifestyle and parenting support educational services supplement the Prenatal Health Education I services, and are necessary for recipients who require more time and specialized education to evoke change in risk behaviors and lifestyles as determined by the Department of Human Services's risk assessment tool. Behavior and lifestyle changes resulting from this early and consistent education may also have long term impacts on improving the health of the mother, baby, and subsequent pregnancies.

Providers will address the individual needs of the at risk pregnant woman which may include:

- (1) Education/assistance to stop smoking
 - (a) Decrease smoking alternative
 - (b) Effects of smoking on mother and fetal development
 - (c) Referral to support program to quit
- (2) Education/assistance to stop alcohol consumption
 - (a) Emphasize importance of no alcohol during pregnancy
 - (b) Effect of alcohol on fetal development
 - (c) Referral to support program if needed
- (3) Education/assistance to stop use of street drugs
 - (a) Emphasize no safe limit
 - (b) Effects of drugs on fetal development
 - (c) Referral to support program if needed

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- (4) Education on safe use of OTC/prescription drugs
 - (a) Consult with primary provider
- (5) Environmental/occupational hazards
 - (a) Identify potential exposure to hazard in client's own environment
 - (b) Effects on fetal growth and development
 - (c) Efforts to minimize exposure
 - (d) Referrals for follow-up if needed
- (6) Stress management
 - (a) Relaxation techniques
 - (b) Job/unemployment/school problems
 - (c) Support services
 - (d) Communication with health care providers
 - (e) Coping skills
- (7) Communication skills and resources
 - (a) Family support systems
 - (b) Health care providers
- (8) Building of self-esteem
- (9) Prenatal parenting; bonding
 - (a) Identify and affirm prenatal parenting behaviors
- (10) Parenting skills to meet the physical, emotional, and intellectual needs of the infant
 - (a) Infant needs/cares
 - (b) Nurturing
 - (c) Infant feeding preparation
 - (d) Referral to community resources, if needed
- (11) Planning for continuous, comprehensive pediatric care following delivery.

Eligible Providers: Prenatal Health Education II services must be performed by a physician, physician assistant, certified nurse-midwife, licensed registered nurse, nurse practitioner, health educator with either a baccalaureate level degree in education or higher and/or SOPHE (Society for Public Health Education) certification, or a baccalaureate or master's prepared

20.a. Pregnancy-Related and Post Partum Services for 60 Days After the Pregnancy Ends. (continued)

social worker.

PRENATAL NUTRITION EDUCATION:

Description: A nutritional assessment with follow-up reassessment and education for the at risk pregnancy must identify nutritional risks and problems the pregnant woman may already have or be in danger of developing as determined by the risk assessment form. An individualized nutrition care plan will be developed for each pregnant woman based on the assessment of her nutritional status with necessary referrals to food assistance programs as appropriate. The nutrition care plan will be incorporated into the overall individualized plan of care for each woman, and will address the prevention/resolution of identified risks and problems. Nutrition interventions will include individual as well as group nutrition education and follow-up, and will provide information that will assist the pregnant woman in making informed nutritional choices and accepting responsibility to change nutritional behaviors to support a healthy pregnancy and result in an improved perinatal outcome.

The nutritional assessment and education component will include:

- (1) An initial assessment of "nutritional risk" based upon height, current and pre-pregnancy weight status, laboratory data, clinical data, and self-reported dietary information utilizing the Department's risk assessment tool.
- (2) Ongoing assessment of the pregnant woman's nutritional status (at least once every trimester) as evidenced by dietary information, adequacy of weight gain in pregnancy, other measures to assess uterine/fetal growth, laboratory data, and clinical data.
- (3) Development of an individualized nutrition care plan (to be included in recipient's medical record) ~~which that~~ addresses the recipient's own nutritional deficits, prioritization of nutritional

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needs, proposed interventions and time frame with expected outcomes.

- (4) Referral to food assistance programs, if indicated (WIC, food stamps, Mothers and Children Program).
- (5) Nutritional interventions; either individual or group education:
 - (a) Nutritional requirements of pregnancy are linked to fetal growth and development
 - (b) Recommended Dietary Allowance for normal pregnancy
 - (c) Appropriate weight gain
 - (d) Importance of vitamin/iron supplements and recommendations for taking them
 - (e) Infant nutritional needs and feeding practices, including breast-feeding
- (6) Incorporation of pre/postnatal exercise/physical activity program

Eligible Providers: A nutritional assessment and nutrition education must be performed by the primary care physician, physician assistant, certified nurse-midwife, registered nurse with specialized training, nurse practitioner, or a qualified dietitian or nutritionist.

POST PARTUM FOLLOW-UP HOME VISIT:

Description: There are many possible sources of stress when the mother takes the new baby home, including: feelings of inadequacy in caring for the child; changes in interpersonal relationships; and new burdens of parental responsibility. This visit gives special emphasis for at risk mothers and infants by following up on pre-identified "risk" behaviors and/or medical conditions. Reinforcement and support must be provided when positive behavior changes related to the pregnancy have been required and incorporated into the recipient's lifestyle. Anticipatory guidance about infant care and development will encourage and promote healthier parenting. It is also imperative for the parent(s) to be able to detect signs and symptoms of

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distress to the infant that require prompt or emergency treatment. The home visit is necessary to anticipate further needs of the mother or infant that may require additional home visits or referral to appropriate health and social service providers. The post partum follow-up home visit will be in addition to and separate from the six week post partum visit with the recipient's primary provider and will be made within the first two weeks after the mother's discharge from the hospital. Individualized information and consistent reinforcement of previously provided services (based on the care plan) will be offered to the recipient at this time.

The provider will address the following:

- (1) Assessment of mother's health
 - (a) Follow-up "risk" behaviors, and medical conditions
 - (b) Support of positive changes made to date
- (2) Physical/emotional changes postpartum
 - (a) Anticipatory guidance regarding relationship with partner
 - (b) Sexual responses
 - (c) Potential stress with family
 - (d) Nutritional needs
 - (e) Physical activity/exercise
- (3) Contraception
- (4) Parenting skills/support
 - (a) Adapting to parenthood
 - (b) Parent/child relationship
 - (c) Child care arrangements and support
- (5) Grief support if unexpected outcome
- (6) Parenting sick/preterm infant, if indicated
 - (a) Follow-up on "risk" factors and conditions
- (7) Assessment of infant's health
 - (a) Infant weight/growth
 - (b) Infant development and abilities

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- (8) Infant care
 - (a) Feeding and infant nutritional needs
 - (b) Recognition of illness in the newborn
 - (c) Accident prevention
 - (d) Immunizations and pediatric care
- (9) Identification of community health resources
 - (a) Mother
 - (b) Infant
- (10) Referral to appropriate community health resources
 - (a) Mother
 - (b) Infant

Eligible Providers: This visit must be performed by the client's primary care physician, physician assistant, certified nurse-midwife, licensed registered nurse, or nurse practitioner who is able to provide and anticipate needs for guidance. The provider must be able to provide the necessary follow-up and referrals to appropriate medical assistance eligible providers and social service agencies.

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20.b. Services for any other Medical Condition that May Complicate Pregnancy.

- Services are subject to the same limitations already identified for Inpatient hospital, Physician, and Nurse-midwife, etc.

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21. Ambulatory prenatal care.

- Not provided.

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22. Respiratory care services in accordance with section 1902(e)(9)(A) through (C) of the Act.

- Not provided.

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23. Certified pediatric or family nurse practitioner services.

Coverage is limited to:

- (1) Services performed by a pediatric nurse practitioner or family nurse practitioner certified by the American Nurses Credentialing Center or the National Certification Board of Pediatric Nurse Practitioners and Nurses, and provided within the scope of practice of the nurse practitioner's license as a registered nurse; and
- (2) The types of services covered by medical assistance as physicians' services under item 5.a. ~~of this Attachment and which~~ that are within the scope of the nurse practitioner's license as a registered nurse.

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24. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

- See items 24.a. through 24.e.

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24.b. Services of nurses in religious nonmedical health care institutions.

- Not provided.

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24.c. Care and services provided in religious nonmedical health care institutions.

- Provided with no limitations.

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24.d. Nursing facility services for patients under 21 years of age:

- Same service limitations apply as those listed in item 4.a., Nursing facility services.

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24.e. Emergency hospital services:

- Emergency services means those medical services required for the immediate diagnosis and treatment of medical conditions that, if not immediately diagnosed and treated, could lead to serious physical or mental disability or death or are necessary to alleviate severe pain. Until July 1, 2001, emergency hospital services includes telemedicine consultation services as described in item 5.a., Physicians' services (but only via two-way interactive video).
- An outpatient hospital service that is not an emergency but is provided in an area that is designated, equipped, and staffed for emergency services is not eligible for payment as an emergency outpatient hospital service.
- An outpatient hospital service that is not an emergency and which is provided in an area of an outpatient hospital which is advertised, represented, or held out to the public as providing acute, episodic care similar to services provided by a physician-directed clinic is not eligible for payment as an emergency outpatient hospital service.
- Medical records must document that an emergency existed at the time the service was rendered.

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25. Home and community care for functionally disabled elderly individuals, as defined, described, and limited in Supplement 2 to Attachment 3.1-A, and Appendices A-G to Supplement 2 to Attachment 3.1-A.

● Not provided.

26. Personal care services.

Personal care services are provided by personal care provider organizations or by use of the fiscal agent option.

A. Personal care provider organizations

Personal care services provider qualifications:

- Personal care assistants must be employees of or under contract with a personal care provider organization within the service area. If there are not two personal care provider organizations within the service area, the Department may waive this requirement. If there is no personal care provider organization within the service area, the personal care assistant must be enrolled as a personal care provider.
- If a recipient's diagnosis or condition changes, requiring a level of care beyond that which can be provided by a personal care provider, non-Medicare certified personal care providers must refer and document the referral of dual eligibles to Medicare providers (when Medicare is the appropriate payer).
- Effective July 1, 1996, personal care assistant means a person who:
 - a) is at least 18 years old, except for persons 16 to 18 years of age who participated in a related school-based job training program or have completed a certified home health aide competency evaluation;
 - b) is able to effectively communicate with the recipient and the personal care provider organization;
 - c) is able to and provides covered personal care services according to the recipient's plan of care, responds appropriately to the recipient's needs, and reports changes in the recipient's conditions to the supervising qualified professional. For the purposes of this item, "qualified professional" means a

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registered nurse or a mental health professional defined in item 6.d.A. of this attachment;

d) is not a consumer of personal care services; and

e) is subject to criminal background checks and procedures specified in the state human services licensing act.

- Effective July 1, 1996, personal care provider organization means an entity enrolled to provide personal care services under medical assistance that complies with the following:

a) owners who have a five percent interest or more, and managerial officials are subject to a background study. This applies to currently enrolled personal care provider organizations and those entities seeking to enroll as a personal care provider organization. Effective November 10, 1997, an organization is barred from enrollment if an owner or managerial official of the organization has been convicted of a crime specified in the state human services licensing act, or a comparable crime in another jurisdiction, unless the owner or managerial official meets the reconsideration criteria specified in the state human services licensing act;

b) the organization must maintain a surety bond and liability insurance throughout the duration of enrollment and provide proof thereof. The insurer must notify the Department of the cancellation or lapse of policy; and

c) the organization must maintain documentation of personal care services as specified in rule, as well as evidence of compliance with personal care assistant training requirements.

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B. Fiscal agent option

Under this option, the recipient and consulting professional do not require professional delegation. An individual may be both a consulting professional and a qualified professional.

- The recipient or responsible party:
 - a) uses a fiscal agent, not a personal care provider organization. A fiscal agent assists the recipient to account for covered personal care assistant services. A fiscal agent is considered a joint employer of the qualified professional described in item A, the consulting professional described below, and the personal care assistant, and may not be related to the recipient, consulting professional, or personal care assistant. A fiscal agent or owner of the entity providing fiscal agent services must pass a criminal background check according to the state human services licensing act;
 - b) uses a consulting professional (for the purposes of this item, a person meeting the qualifications for qualified professional described in item A) for help in developing and revising a plan to meet the recipient's assessed needs and for help in supervising the personal care assistant services in areas that require professional delegation, as determined by a public health nurse;
 - c) supervises the personal care assistant if there is no qualified professional;
 - d) with the fiscal agent, hires and terminates the consulting professional;
 - e) with the fiscal agent, hires and terminates the personal care assistant;

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- f) orients and trains the personal care assistant in areas that do not require professional delegation as determined by the county public health nurse;
- g) supervises and evaluates the personal care assistant in areas that do not require professional delegation as determined in the assessment;
- h) cooperates with the consulting professional or qualified professional and implements recommendations pertaining to the health and safety of the recipient;
- i) with the fiscal agent, hires a qualified professional to train and supervise the performance of delegated tasks done by the personal case assistant;
- j) monitors services and verifies in writing the hours worked by the personal care assistant and the consulting professional or qualified professional;
- k) develops and revises a care plan with assistance from the consulting professional or qualified professional;
- l) verifies and documents the credentials of the consulting professional or qualified professional; and
- m) together with the fiscal agent, consulting professional or qualified professional, and personal care assistant, enters into a written agreement before services begin. The agreement must include:
 - 1) the duties of the recipient, fiscal agent, consulting professional or qualified professional; and personal care assistant;

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- 2) the salary and benefits for the consulting professional or qualified professional and personal care assistant;
- 3) the administrative fee of the fiscal agent and services paid for with that fee, including background checks;
- 4) procedures to respond to billing or payment complaints; and
- 5) procedures for hiring and terminating the consulting professional or qualified professional and personal care assistant.

The fiscal agent:

- a) enrolls in medical assistance;
- b) requests and secures background checks on consulting professionals, qualified professionals and personal care assistants according to the state human services licensing act;
- c) bills for personal care assistant and consulting professional or qualified professional services;
- d) pays the consulting professional or qualified professional and personal care assistant based on actual hours of services provided;
- e) withholds and pays all applicable federal and state taxes;
- f) makes the arrangements and pays unemployment insurance, taxes, workers' compensation, liability insurance, and other benefits, if any;

26. Personal care services. (continued)

- g) verifies and documents hours worked by the consulting professional or qualified professional and personal care assistant; and
- h) ensures arm's length transactions with the recipient and personal care assistant.

At a minimum, consulting professionals visit the recipient in the recipient's home at least once every year. Consulting professionals and qualified professionals:

- a) report to the county public health nurse concerns relating to the health and safety of the recipient; and
- b) report to the appropriate authorities any suspected abuse, neglect, or financial exploitation of the recipient.

As part of the assessment and reassessment process in item 6.d.B. of this attachment, the following must be met to use, or continue to use, a fiscal agent:

- a) the recipient must be able to direct the recipient's own care, or the responsible party for the recipient must be readily available to direct the care of the personal care assistant;
- b) the recipient or responsible party must be knowledgeable of the health care needs of the recipient and be able to effectively communicate those needs;
- c) the recipient cannot receive shared personal care services (shared services); and
- d) a service update cannot be used in lieu of an annual reassessment.

26. Personal care services. (continued)

Authorization to use the fiscal agent option will be denied, revoked, or suspended if:

- a) the public health nurse or consulting professional determines that use of this option jeopardizes the recipient's health and safety;
- b) the parties do not comply with the written agreement; or
- c) the use of the option results in abusive or fraudulent billing.

The recipient or responsible party may appeal this decision. A denial, revocation or suspension will not affect the recipient's authorized level of personal care assistant services.

- Personal care services cannot be provided by parents of adult recipients, children, or siblings of the recipient, unless these relatives meet one of the following hardship criteria and the Department waives this requirement:
 - a) the relative resigns from a part-time or full-time job to provide personal care for the recipient;
 - b) the relative goes from a full-time job to a part-time job with less compensation to provide personal care for the recipient;
 - c) the relative takes a leave of absence without pay to provide personal care for the recipient;
 - d) the relative incurs substantial expenses by providing personal care for the recipient; or
 - e) because of labor conditions, special language needs, or intermittent hours of care needed, the relative is needed in order to provide an adequate number of qualified personal care assistants to meet the medical needs of the

26. Personal care services. (continued)

recipient.

- Under no circumstance may a hardship waiver be granted if the relative is the recipient's legal guardian.

Amount, duration and scope of personal care services:

- Department prior authorization is required for all personal care services and supervision. Prior authorization is based on the physician's orders; the recipient's needs, diagnosis, and condition; an assessment of the recipient; primary payer coverage determination information as required; the service plan; and cost effectiveness when compared to other care options. The Department may authorize up to the following amounts of personal care service:
 - a) up to 2 times the average number of direct care hours provided in nursing facilities for the recipient's comparable case mix level;
 - b) up to 3 times the average number of direct care hours provided in nursing facilities for recipients with complex medical needs, or who are dependent in at least seven activities of daily living and need either physical assistance with eating or have a neurological diagnosis;
 - c) up to 60 percent of the average payment rate for care provided in a regional treatment center for recipients who exhibit, or that without supervision, observation, or redirection would exhibit, one or more of the following behaviors:
 - 1) self-injury;
 - 2) physical injury to others; or
 - 3) destruction of property;

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- d) up to the amount medical assistance would pay for care provided in a regional treatment center for recipients referred by a regional treatment center preadmission evaluation team; or
 - e) up to the amount medical assistance would pay for facility care for recipients referred by a preadmission screening team; and
 - f) a reasonable amount of time for the provision of supervision of personal care services.
- Department prior authorization is also required if more than two reassessments to determine a recipient's need for personal care services are needed during a calendar year.
 - Personal care services must be prescribed by a physician. The service plan must be reviewed and revised as medically necessary at least once every 365 days.
 - For personal care services
 - a) effective July 1, 1996, the amount and type of service authorized based upon the assessment and service plan will follow the recipient if the recipient chooses to change providers;
 - b) effective July 1, 1996, if the recipient's medical need changes, the recipient's provider may request a change in service authorization; and
 - c) as of July 1, 1998, in order to continue to receive personal care services after the first year, the recipient or the responsible party, in conjunction with the public health nurse, may complete a service update on forms developed by the Department. If a service update is completed, it substitutes for the annual reassessment described in item 6.d.B.

26. Personal care services. (continued)

of this attachment.

- All personal care services must be supervised as described in this item. A reasonable amount of time for the provision of supervision shall be authorized.
- Personal care services are provided for recipients who live in their own home if their own home is not a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF/MR), institution for mental disease, or licensed health care facility.
- Recipients may use approved units of service outside the home when normal life activities take them outside the home and when, without the provision of personal care, their health and safety would be jeopardized. Effective July 1, 1996, total hours for personal care services, whether performed inside or outside a recipient's home, cannot exceed that which is otherwise allowed for personal care services in an in-home setting.

Effective July 1, 1998, to receive personal care services at school, the recipient or responsible party must provide written authorization in the recipient's care plan identifying the chosen provider and the daily amount of services to be used at school.

- Recipients may receive shared personal care services (shared services), defined as providing personal care services by a personal care assistant to two or three recipients at the same time and in the same setting. For purposes of this item, "setting" means the home or foster care home of one of the recipients, or a child care program in which all recipients served by one personal care assistant are participating, which has state licensure or is operated by a local school district or private school. The provider must offer the recipient or responsible party the